

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO**

In re:)	Case No. 05-80448
Frederick R. Mathews Jr.)	
Michele A. Mathews)	Chapter 7
)	
)	Judge Shea-Stonum
)	
Debtors)	PETITION FOR UNCLAIMED FUNDS
)	AND ORDER THEREON¹

Medicine Shoppe, Int, the Petitioner, under penalty of perjury, declares that the following statements and information are true and correct:

1. Medicine Shoppe Intl., Inc, the Claimant, was due to receive a distribution from the estate of the Debtor in the above-captioned case in the amount of \$9,238.16.

¹ For purposes of this Petition and the attached Exhibit A, the following terms apply:

- "Claimant" means either (a) a party in the above-captioned case who was due to receive a distribution of funds from the estate of the Debtor, but which funds were instead deposited as unclaimed funds with the Court by the Trustee, or; (b) a person or entity that gained the rights of ownership of the original owner's claim.
- "Authorized Representative" means a person or entity given written authorization by the Claimant to file this Petition on behalf of the Claimant, or a person or entity serving as a duly authorized representative of the estate of a Claimant who is deceased. This includes but is not limited to an employee of the Claimant, a funds locator service, and an attorney-in-fact.
- "Petitioner" means either the Claimant or the Authorized Representative, or an attorney at law representing the Claimant or Authorized Representative.

2. The funds due Claimant were deposited with the Court by the Trustee pursuant to 11 U.S.C. § 347. A copy of the court order depositing the funds into the Treasury/Registry as unclaimed, or a copy of the receipt and attached list of parties entitled to the unclaimed funds, or other supporting documentation, is appended to this Petition.
3. If the current Claimant is not the original holder of the claim, a copy of the documentation of ownership is appended to this Petition. If applicable, this includes proof of any sale of the company, new and prior owner(s), and a copy of the terms of any purchase agreement or stipulation by prior and new owners of right of ownership to the unclaimed fund. If the claim has been assigned, this includes copies of all documents evidencing assignment.
4. The Claimant's current name, address, and telephone number are:
Name: Medicine Shoppe International, Inc., ATTN: Wendy Walsh
Address: 1 Rider Trail Plaza Drive, Suite 400
Earth City, MO 63045
Telephone Number: 314-872-5551
5. The following checked statement applies:
- ☐ This Petition is being filed on paper, either by mail or in person. The Claimant's Tax ID/Social Security Number and other required documentation are being submitted separately with Exhibit A, and will be docketed by the Court as private docket events.
- ☒ This Petition is being filed electronically via the Court's Electronic Case Filing system. The Claimant's Tax ID/Social Security Number and other required documentation are being submitted separately as private docket events with Exhibit A.
6. The following checked statement applies:
- ☐ Petitioner is the Claimant.
- ☐ Petitioner is the Authorized Representative of the Claimant.
- ☒ Petitioner is an attorney at law representing the Claimant.
- ☐ Petitioner is an attorney at law representing the Authorized Representative of the Claimant.

The above subparagraphs do not apply, but Petitioner is entitled to payment of such monies because (state basis for claim):

7. Upon sufficient inquiry, and upon Petitioner's information and belief, this claim has not been previously paid, no other petitions or requests for payment are pending, and there are no other parties other than Claimant entitled to these funds.
8. Petitioner understands that pursuant to 18 U.S.C. § 152, a fine or imprisonment, or both, may be imposed if Petitioner has knowingly and fraudulently made any false statements in this document.
9. Petitioner certifies that the required proof of identification attached to Exhibit A is legitimate and properly represents the Claimant or the Authorized Representative of the Claimant, whichever is applicable.
10. Petitioner has served a copy of the Petition for Unclaimed Funds and Order Thereon, Exhibit A, and all attached documents by regular U.S. Mail this 24th day of November, 2010 to the United States Attorney for the Northern District of Ohio, Carl B. Stokes United States Courthouse, 801 West Superior Avenue, Suite 400, Cleveland, Ohio 44113. The United States Attorney is allowed 10 days from the date of service to file an objection to payment of these funds.
11. WHEREFORE, pursuant to 11 U.S.C. § 347 and 28 U.S.C. § 2042, Petitioner requests that the Court issue an Order directing payment to the Claimant in the amount set forth in section 1, above, and that payment be forwarded to the Petitioner.

(Corporate Seal, if applicable)

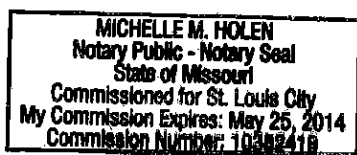
Wendy Walsh
Claimant's Signature

State of Mo
County of St Louis

Before me on 11-18-2010 personally appeared the Claimant (insert name and title of signer) Wendy Walsh, Asst General Counsel personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument, and acknowledged to me that (s)he executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument.

(SEAL)

Michelle M. Holen
Notary Public



My commission expires on 5-25-2014

/s/ Larry J. McClatchey (0012191)

Petitioner's Signature (Bar Number if Attorney)

Kegler, Brown, Hill & Ritter

65 East State Street, Columbus, OH 43215

Petitioner's Address

(614) 462-5400

Petitioner's Phone Number

IT IS SO ORDERED.

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CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing was sent electronically or by ordinary U.S. Mail, to the individuals listed below on November 24, 2010.

/s/ Larry J. McClatchey

Larry J. McClatchey (0012191)
KEGLER, BROWN, HILL & RITTER
65 East State Street, Suite 1800
Columbus, Ohio 43215
614/462-5400
lmclatchey@keglerbrown.com

ELECTRONIC SERVICE:

United States Trustee
(Registered address)@usdoj.gov

Kathryn A Belfance
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Kelly Burgan
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kstone_56@hotmail.com; lal@goldman-rosen.com

U.S. MAIL SERVICE:

Frederick R. Mathews, Jr.
Michele A. Mathews
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Mogadore, OH 44260

Recovery Management Systems Corporation
25 S.E. 2nd Avenue, Suite 1120
Miami, FL 33131

/s/ Larry J. McClatchey
Larry J. McClatchey

EXHIBIT A

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO**

In re:)	Case No. 05-80448
Frederick R. Mathews Jr.)	
Michele A. Mathews)	Chapter 7
)	
)	Judge Shea-Stonum
Debtors)	

Claimant's name is Medicine Shoppe International, Inc..

Claimant's Tax ID/ Social Security Number is 43-0950846.

If Petitioner is the Claimant or an Authorized Representative of the Claimant, attach proof of identification to Exhibit A. This includes a copy of either the current driver's license, government ID card, passport, or state-issued ID card of the Claimant or the Authorized Representative of the Claimant, whichever is applicable.

